

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18201  
Registrar's No. 4341

FILED MAY 17 1951

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>2904 a Rutger</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>.Retta</u> b. (Middle) c. (Last) <u>Howell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mat 7. 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 18-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Miss</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John Hill</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Edgar</u>		14. NAME OF HUSBAND OR WIFE <u>James Howell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>James Howell 2601a Chouteau</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Infarction</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H201</u>		22. I hereby certify that I attended the deceased from <u>May 5, 1951</u> , to <u>May 7, 1951</u> , that I last saw the deceased alive on <u>5/7</u> , 19 <u>51</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. L. Young, MD</u>		23b. ADDRESS (Degree or title) <u>4337 Market</u>	
23c. DATE SIGNED <u>5/8/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 10-51</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. J. Wats 2769 Chouteau</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 8 1951</u> <u>J. B. Karsten</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. J. Watson*

Signed.....

Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.